

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

**Facility Information**

**Facility Name:** MITCHELL MANOR OAK CREEK (0009352)

**Address:** 8740 S OAK PARK DR, OAK CREEK, WI 53154

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/01/2002

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0095256      **End Date:** 07/25/2005      **Type:** OTHER      **Purpose:** DESK REVIEW

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10008818    Served 08/05/2005

Deficiencies Cited  
50.03(5g)

Subject Area  
LICENSING, POWERS AND DUTIES

Compliance  
Verified

Corrected

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**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

**Survey ID:** 0094655      **End Date:** 04/25/2005      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10008802    Served 05/04/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(7)(a)	EMPLOYE PERSONNEL RECORD		
83.14(1)(a)1	RESIDENT RIGHTS		
83.14(1)(c)	UNIVERSAL PRECAUTIONS		
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING		
83.16(1)	ADMISSIONS AGREEMENT		
83.32(2)(c)1	ANNUAL EVALUATION-PARTICIPATION		
83.42(3)(e)	QUARTERLY FIRE DRILLS		
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL		
83.43(3)(b)1	TESTING BY SERVICE COMPANY		

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**Survey ID:** 0092245      **End Date:** 03/22/2004      **Type:** STANDARD      **Purpose:** COMPLAINT/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

**Enforcement History**

**Date: 07/25/2005**      **SOD #10008818**      **Appealed: No**

Sanctions

FORFEITURE---50.03(5g)1.c

**Date: 05/03/2005**      **SOD #10008802**      **Appealed: No**

Sanctions

FORFEITURE---83.13(7)(a)  
FORFEITURE---83.14(1)(a)1  
FORFEITURE---83.14(1)(c)  
FORFEITURE---83.14(1)(d)

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**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

**Complaint History**

**Date Complaint Received: 02/21/2005**

**Date Investigation Completed: 03/01/2005**

Subject Area(s)

ADMISSION, TRANSFER & DISCHARGE

Result

NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 08/06/2004**

**Date Investigation Completed: 03/03/2005**

Subject Area(s)

ADMISSION, TRANSFER & DISCHARGE

Result

SUBSTANTIATED

SOD #

10008802

**Date Complaint Received: 10/31/2003**

**Date Investigation Completed: 03/22/2004**

Subject Area(s)

SUPERVISION

RESIDENT RIGHTS

MEDICATIONS

Result

NOT SUBSTANTIATED

NOT SUBSTANTIATED

NOT SUBSTANTIATED

SOD #

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